

0216-5

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1. CASE NO. 9502150002364 H9529075		2. INVESTIGATOR'S ID 4444		3. OFFICE CODE 295		EPIDEMIOLOGIC INVESTIGATION REPORT <i>ARL</i>
4. DATE OF ACCIDENT YR MO DAY 95 01 ??		5. DATE INVESTIGATION INITIATED YR MO DAY 95 02 17				
6. SYNOPSIS OF ACCIDENT OR COMPLAINT <i>The male resident was not injured when internal damage to wiring inside his toaster oven caused smoke and a burning rubber smell to be emitted from the control panel of the oven after the resident turned on the oven one morning in his kitchen to make breakfast.</i>						
7. LOCATION (Home, school, etc.) 10						
8. CITY Naperville			9. STATE IL			
10A. FIRST PRODUCT Toaster		02116		11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Black+Decker "Toast-R-Oven" Model# TR0510		
10B. SECOND PRODUCT				11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS		
12. AGE OF VICTIM 000		13. SEX (Use numerical code) MALE - 1 FEMALE - 2 UNKNOWN - 3 3		14. DISPOSITION 0		15. INJURY DIAGNOSIS 70
16. BODY PART 87		17. RESPONDENT(S) (Mother, Friend) Resident		18. TYPE INVESTIGATION ON SITE 1 TELEPHONE 2 OTHER 3 2		19. TIME SPENT 075
20. ATTACHMENTS Questionnaire		21. CASE SOURCE 5		22. REVIEWED BY YR MO DAY 05111 950310		
23. PERMISSION TO DISCLOSE NAMES (NON-NEISS CASES ONLY) CPSC MAY DISCLOSE MY NAME <input type="checkbox"/> CPSC MAY NOT DISCLOSE MY NAME <input checked="" type="checkbox"/>						
24. NARRATIVE (See Instructions on Other Side)				25. REGIONAL OFFICE DIRECTOR REVIEW DATE		

JP
MFR/PRVLR NOTIFIED *1/20/96*
☒ No Comments made
☒ Comments attached
25C ☒ Excisions/~~Revisions~~
☒ Firm has not requested further notice

Contractor
①

ACCIDENT INVESTIGATION REQUEST FORM

Document Number H52 9075A

Date of Incident 1/95 Category I.D. SECT 15 1995

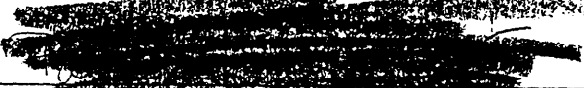
Follow-Up Requested Hazard Analysis Section 15

Type Follow-Up Requested Telephone Call On-Site

Headquarters Contact Jeanne M Siebert

Assignment Message Please provide details of incident, including how fire ignited.

Person(s) to Contact


Naperville, Illinois

Guideline

Requested By Jeanne M Siebert

Task Number 950215CCC2364

Assigned to 4444 Date 2/5/95

1021

RR

(B)

CONSUMER PRODUCT INCIDENT REPORT

FEB - 1 1995

1. NAME OF RESPONDENT [REDACTED]		2. TELEPHONE NO. (Home) (Work) - [REDACTED]	
3. STREET ADDRESS [REDACTED]		4. CITY STATE ZIP CODE Naperville, IL	
5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.) Had an electrical fire in a "Black & Decker" toaster oven/broiler; smoke had started curling up/out but there were no flames; had original unit replaced w/ a new one (by B&D) & just wants to be assured that it's ok			
6. DATE OF INCIDENT(S) 1/95	7. IF INJURY OR NEAR MISS, OBTAIN AGE <u> </u> SEX <u> </u> AND DESCRIBE INJURY <u> </u>		8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME <u> </u> RELATIONSHIP <u> </u>
9. DESCRIPTION OF PRODUCT Toaster oven/broiler		10. BRAND NAME Black & Decker	
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE Black & Decker		12. MODEL SERIAL NO.'S TR 0510	
		13. DEALER'S NAME, ADDRESS & PHONE Kmart	
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES <u> </u> NO <u> </u> IF YES, BEFORE OR AFTER THE INCIDENT? <u> </u> Describe <u> </u>		15. PRODUCT PURCHASED NEW <u> </u> USED <u> </u> DATE PURCHASED <u>4/94</u> AGE <u> </u>	
		18. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: <u> </u>	
17. HAVE YOU CONTACTED THE MANUFACTURER? YES <u> </u> NO <u> </u> IF NOT, DO YOU PLAN TO CONTACT THEM? YES <u> </u> NO <u> </u> OTHER <u> </u>		18. IS THE PRODUCT STILL AVAILABLE? YES <u> </u> NO <u> </u> IF NOT, ITS DISPOSITION <u>was repaired</u>	
19. MAY WE USE YOUR NAME WITH THIS REPORT? YES <u> </u> NO <u> </u>			
FOR ADMINISTRATION USE			
20. DATE RECEIVED 1/30/95		21. RECEIVED BY (Name & Office) D. Jackson, EPOC/CEC	
23. FOLLOW-UP ACTION has had no problems incident w/ the replacement toaster oven		22. DOCUMENT NO. H52 9075	
24. PRODUCT CODE(S)		25. DISTRIBUTION 950215CCC2344	
26. ENDORSEER'S NAME & TITLE			

TASK NUMBER 750215CCC2304

CATEGORY I.D. _____

*
* GENERIC TELEPHONE INTERVIEW QUESTIONNAIRE *
*

* This generic telephone interview questionnaire is to be *
* used during the telephone follow-up investigation of *
* incidents involving products or hazards for which there *
* is no specific telephone questionnaire. Please record each *
* attempt to establish contact with the victim or parent on *
* the chart below. *
*

RECORD OF CALLS

Date	Day of Wk	Time	Result	Date	Day of Wk	Time	Result
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

* Key for result:

* NWN = Non-working number	* C = Completed
* REF = Respondent refused interview	* CB = Call Back
* WN = Wrong Number	* LB = Line Busy
* NA = No Answer	* R = Recording

When you have reached an appropriate respondent, you may want to introduce yourself and the investigation program in the following manner:

Hello. May I please speak with _____?

(If desired respondent is not available, ask when would be a good time to contact him/her and record the suggested call back time. If the respondent is available, continue with the interview).

My name is _____. I am working with the U.S. Consumer Product Safety Commission. I understand that you (your son, etc.) were injured while using a _____ (e.g. riding lawn mower). We are trying to learn how and why these accidents occur so that we can help others avoid similar accidents. Would you help us by answering a few questions. This will only take about 10 minutes of your time.

Interviewer: Check type of respondent (ask for parent if victim was a child under 15):

Victim ✓

Parent _____

Other, specify relationship _____

TASK NUMBER 950215 CCC 2364

1. Can you tell me what happened? The male resident went into his kitchen around 7:00am to make breakfast. The resident put a couple of pieces of toast into his toaster oven and turned the toaster oven on. Smoke started coming out from the control panel on the toaster oven. It smelled like burning rubber. The resident managed to turn the toaster oven off before a fire broke out. The burning rubber smell and residue on the control panel indicated that there must have been internal damage to the wires. The resident brought the toaster oven outside and opened some windows in order to eliminate the smell and small amount of smoke. The resident was not injured in the accident. The respondent was not certain as to the cause of the damage. The manufacturer replaced the product at no charge, but made no comment as to the problem with the original one.

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* If any of the following questions were answered during the *
* victim's description of the incident, you may skip the *
* question (and insert the information at a latter time), if *
* the answer is perfectly clear. Better approach might be *
* to ask the question again with a preface such as: "When *
* you described the incident to me earlier, you said *
* (and repeat the answer).....is that correct? *

2. When the incident occurred, was anyone injured? NO If yes, answer the following questions? (If no injury, enter N/A; if more than two individuals were injured, use an additional sheet.)

	<u>Injured Person # 1</u>	<u>Injured Person, # 2</u>
Who was injured? (Relationship to respondent).....	_____	_____
Age/Sex.....	_____/____	_____/____
Type of Injury (e.g. laceration, burn)...	_____	_____
Body part injured..	_____	_____
Type treatment (e.g. hospitalized 5 days)	_____	_____
Any permanent effects (e.g. nerve damage).	_____	_____

4. Now, if I could, I would like to obtain some information on the incident. What was the date and time of injury?

Date January 1995 Time of day 7:00 (am/pm)
(Don't know day)

5. Where did the accident occur? (e.g. backyard, school, kitchen)

kitchen
City Naperville State IL

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6. What was (the injured party) doing prior to the incident (e.g. mowing the grass in the backyard with a ride-on mower)?

Making breakfast in his kitchen

7. What exactly was (the injured party) doing or trying to do at the time of the incident (e.g. trying to turn uphill while on a steep grade)?

Put a couple of pieces of toast in his toaster oven
and turned the toaster oven on.

8. Had (the injured party) performed this action or activity before?

Unknown No ☒ Yes. If yes, include the number of times, knowledge of operation, experience, etc.)

The resident had owned the toaster oven for 9 months.

He had used it several times a day.

If performed before, what was different this time? Nothing.

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9. What did (the injured party, witnesses, etc.) do immediately after the incident (including the pursuit of medical treatment)?

After turning the toaster oven off, the resident brought
it outside and opened some windows to help alleviate the smell
of burning rubber and also to clear away the small amount of
smoke.

10. Did (the injured party) have any health problems that may have been a factor in the incident (e.g. poor eye sight)?

_____ Unknown _____ No _____ Yes. If yes, describe

N/A

11. What was the environment like at the time and place of the incident (probe for weather conditions, type terrain, storage of materials in area, etc.)

Indoors.

12. Did you or your family incur any economic loss (e.g. damage to a building, etc.)?

_____ Unknown ✓ No _____ Yes. If yes, describe
including estimated cost, etc. _____

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13. I have just a couple of questions about the product?

What is the approximate age 9 months

Brand name, if known "Toast-R-Oven"

Manufacturer Black + Decker

Model (number) TR0510

Size/capacity Size of a bread box

Color/shape Shaped like a bread box

Other —

14. Was the product damaged before or during the incident? ☐ Yes

☐ Unknown ☐ No ☒ Yes. If yes, describe.

The smell of burning rubber and residue left on the
control panel indicated that was internal damage
to the wiring.

15. Were any safety devices damaged or missing?

☐ Unknown ☒ No ☐ Yes. If yes, describe:

a. The condition and effectiveness of the devices present.

b. If a device is missing, which device and why.

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16. Is the product still available?

 Unknown ✓ No Yes. If not, give the status of the product.

The product was replaced by the manufacturer

17. Is there anything else you think I should know in order to understand the incident?

" I have never moved the thing. I +
never got slapped or bugged. "

(Prepare to close the interview by thanking the respondent for assisting us in collecting information on a potential product safety problem. At this point, you should inform the respondent that we routinely share incident information with the manufacturers to inform them that their product was involved in an incident. Some manufacturers ask for the victim's name and address so that they can obtain additional information on their product.)

***** DOES NOT APPLY TO LOCAL OFFICIALS *****

18. May we release your name and address with this incident?

 Yes, CPSC is authorized to release my identity.

 ✓ No, my identity should remain confidential.

19. If we need additional information on this incident, can we call you back?"

 No ✓ Yes. If yes, what is the best time of day to contact you?

Day of week anytime, Time of day AM/PM
day or night

Note: Any additional comments can be submitted on another page.